

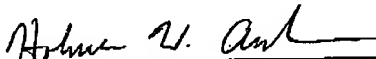
Serial No.: 09/522332
Attorney Docket No: 120-367

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Transmittal x 2	2 pages
Fee Transmittal x 2	2 pages
Petition to Revive	2 pages
Revocation	1 page
Amendment	11 pages
Total including this sheet	19 <u>pages</u>

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PTO/SB/21 (06-00)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/522332
	Filing Date	03/09/2000
	First Named Inventor	Lavian
	Group Art Unit	2143
	Examiner Name	Boutah
Total Number of Pages in This Submission	Attorney Docket Number	120-467
	Nortel Ref:	BA0366

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) and letter <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Revocation of POA with new POA and Correspondence Address Petition to Revive
Remarks	Please charge any fee deficiency or credit any overpayment to Deposit Account No. 502569.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Holmes W. Anderson, Reg. No. 37,272 Steubing McGuinness & Manaras LLP
Signature	<i>H. W. Anderson</i>
Date	November 30, 2004

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		First Named Inventor	Lavian
		Group Art Unit	2143
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Total Number of Pages in This Submission		Attorney Docket Number	120-467
		Nortel Ref:	BA0366

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Remarks	Please charge any fee deficiency or credit any overpayment to Deposit Account No. 502569.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Holmes W. Anderson, Reg. No. 37,272 Steubing McGuinness & Manaras LLP
Signature	<i>H. W. Anderson</i>
Date	November 30, 2004

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Type or printed name	Carol Ann Mahoney		
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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1370.00

Complete if Known

Application Number	09/522332
Filing Date	/09/2000
First Named Inventor	Lavlan
Examiner Name	Bouth
Attorney Docket No.	120-487

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit AccountDeposit Account Number
Deposit Account Name

502569

Steubing McGuiness & Manaras LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s)☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 760	2001 380	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 760	2004 380	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	<input type="checkbox"/>	18.00	
Multiple Dependent	<input type="checkbox"/>	88.00	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	**Reissue independent claims over original patent
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 820*	1804 820*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month, minus 1 st month already paid	
1253 840	2253 470	Extension for reply within third month	
1254 1,470	2254 735	Extension for reply within fourth month	
1255 2,000	2255 1,000	Extension for reply within fifth month	
1401 320	2401 165	Notice of Appeal	
1402 320	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,370	2453 685	Petition to revive - unintentional	1370.00
1501 1,370	2501 685	Utility issue fee (or reissue)	
		Publication Fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(c)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 760	2809 380	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 760	2810 380	For each additional invention to be examined (37 CFR § 1.129(b))	
1801 760	2801 380	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 1370.00

SUBMITTED BY

Name (Print/Type)

Holmes Anderson

Registration No.
(Attorney/Agent)

37,272

Complete if applicable

Telephone

978-264-6664

Date

Nov 30 2004

Signature

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FEE TRANSMITTAL for FY 2003		Complete if Known	
Patent fees are subject to annual revision.		Application Number	09/522332
		Filing Date	/09/2000
		First Named Inventor	Lavien
		Examiner Name	Boutah
		Attorney Docket No.	120-467
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT		(S) 1370.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 502569 Deposit Account Name: Stuebinger McGuinness & Manaras LLP			
The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 790	2001 380	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 760	2004 380	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES			
Total Claims: <input type="text"/> ** Independent Claims: <input type="text"/> ** Multiple Dependent: <input type="text"/>		Extra Claims Fee from below: 18.00 Fee Paid: 88.00	
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 43	Independent claims in excess of 3	
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1204 86	2204 43	*Reissue independent claims over original patent	
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			
** or member previously paid, if greater; For Reissues, see above			
		Other fee (specify)	
		SUBTOTAL (3) (S) 1370.00	

SUBMITTED BY		Complete if applicable	
Name (Print/Type)	Holmes Anderson	Registration No. (Attorney/Agent)	37,272
Signature	<i>[Signature]</i>	Telephone	978-264-8864
		Date	Nov 30 2004

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